

RECOMMENDATIONS (these relate to conduct of the EFMB road march in general):

- a. Planning and execution of this event requires active involvement by knowledgeable leaders for all phases of testing. Field Sanitation Teams, medical support personnel, and event leaders and monitors need awareness training prior to the event, focusing on pre-screening of candidates, water consumption, periodic medical assessment, and basic life support procedures. A thorough risk assessment specific to each task should be developed and revised as necessary depending upon weather conditions. Risk for exertional heat illness is always present in strenuous events, and occurrence rises rapidly above WBGT of 65°F. Quality control programs must be built into plan and execution phases, preferably conducted by parties external to the event. Effective use of In-Progress Reviews (IPR) during the planning phases will greatly decrease confusion and uncertainty during these types of events.
- b. Pre-screening of all candidates should occur to ensure that they have properly trained for the physical demands required by EFMB standards, which far exceed those measured in the APFT. [Soldiers physically fit to APFT standards can carry loads at a 25 min/mile pace, while the EFMB standard is at a 15 min/mile pace – see FM 21-18, para 5-11a.] FM 21-18 (section 5-11) gives guidance on proper physical training programs for march conditioning, and states that “after a 30-day preparatory training period, soldiers can march 12 miles in less than 3 hours loaded to about 60 pounds, when energy expenditure at that rate would cause exhaustion in 2.5 hours for soldiers who have not received special training.” (para 5-11b) Commanders should not recommend candidates for enrollment without first assessing their ability to successfully complete the event.
- c. All candidates should be medically screened prior to the event to detect medical conditions or use of medications/supplements that will adversely affect the safety of participation. Medications such as antihistamines, anticholinergics, phenothiazines, tricyclics, sympathomimetics, diuretics, narcotics, and alcohol may greatly increase the risk for exertional heat illness. Candidates with acute or chronic illness, those with prior history of heat illness, and those taking any medications or nutritional supplements must be medically cleared prior to participation in this strenuous event. Use of nutritional ergogenic supplements should be prohibited, due to their known detrimental physiological effects during strenuous physical activity.
- d. Leaders must enforce proper hydration prior to the event. Candidates should consume several quarts of water and a nutritious high-salt diet during the prior day, which should include very little strenuous physical activity or heat stress exposure. Candidates should consume a quart or two of water during the morning prior to the event, which must be observed and enforced by leaders.
- e. Enforcement of water consumption should be performed at all water stations (about every 3 miles) and during the march to prevent heat casualties. At least

one quart per hour should be consumed during the road march due to heavy sweating, preferably drinking every 15-30 minutes (maximum 1.5 quarts per hour, up to 12 quarts per day). Amounts required will vary by individual and by weather conditions.

- f. Road march staff (water point monitors, etc.) should be briefed by supporting preventive medicine personnel on early signs of exertional heat illness. They should briefly evaluate participants at checkpoints to ascertain confusion, disorientation, etc. Staff must ensure that participants are actually consuming the appropriate amounts of water. Pacing of the road march should allow time for refilling of canteens and for a quick orientation-check periodically conducted by monitoring staff. Staff must be authorized to immediately disqualify overzealous candidates when warranted by medical risks.
- g. Provision of additional water (e.g., in cups) to all candidates along the route is not in violation of DA PAM 40-20 standards, nor is allowing temporary removal of the Kevlar helmet or other gear as long as the candidate is not assisted and completes the march with all items intact. The test board chairperson may approve these types of accommodations as weather conditions necessitate.
- h. Standard Operating Procedures must be developed for medical care during the execution of the EFMB competition. Measures include at least hourly local WBGT readings, treatment provisions for injuries, accurate and complete medical records, and evacuation procedures and routes. Active surveillance of the participants along the route is essential, since a casualty who can't walk (or overzealously refuses to quit) won't show up at the aid station by him/herself. Adequate amounts of ice must be available for immediate body cooling, and intravenous and oral fluids must be readily available for immediate rehydration. Automated defibrillation should be available if transport to ACLS-qualified medical facilities cannot be accomplished in less than six minutes. Medical personnel should plan and rehearse emergency medical and evacuation procedures at each water point, and have combat life-saver with kit-bag and radio/telephone available for communication with the TOC. These personnel must be able to identify the initial stages of exertional heat illness and be able to take appropriate corrective action.
- i. Upon completion of the event each participant should be medically evaluated for injury, dehydration, temperature, and confusion/disorientation before being released. This should be recorded and provides for necessary medical follow-up as well as documenting the extent of injuries associated with the event. Accurate measurement of weight before and after the event is one of the best measures of fluid loss and dehydration, and immediate IV rehydration is extremely beneficial. Consideration should be given to drawing blood for lab work, particularly if IV fluids are given.